

## **Wisconsin Partnership Program Provider Satisfaction Survey, September 2001**

The Wisconsin Partnership Program (WPP) provides long term care and health services to the frail elderly and people with disabilities. The State of Wisconsin contracts with the following organizations to provide services through WPP:

- Community Care Organization (CCO);
- Community Health Partnership (CHP);
- Community Living Alliance (CLA), and
- Elder Care of Dane County.

You have been identified as someone who provides services or treatments to people enrolled in one of more of the Partnership Program organizations. Please complete this brief survey to help us determine how well the Partnership Program is accomplishing its goals. Your identity and responses will remain confidential.

1. How well do you understand the goals of the Wisconsin Partnership Program (WPP)?

- ☐ Very well
- ☐ Somewhat
- ☐ Not well at all
- ☐ I do not provide services for people enrolled in any Wisconsin Partnership Program. (Skip the following questions. Thank you for your participation.)

2. Do you have the background information (e.g. medical history, special needs, consumer preferences) that you need to provide care or treatment to Partnership members, for example:

- *At the time a patient is seen, doctors know the medications a person is taking and/or recent tests that have been done and the reason the member is coming to you that day*
- *Home health providers understand the complete range of services they need to perform at the time they first see the member*

Which of the following statements describes your experience when you provide care or services to a Partnership member?

- ☐ I almost always have the information I need
- ☐ I usually have the information I need
- ☐ I sometimes have the information I need
- ☐ I rarely have the information I need

3. How responsive are Partnership staff when you request additional information about a member?

- ☐ I almost always receive the information I requested within 48 hours
- ☐ I usually receive the information I requested within 48 hours
- ☐ I sometimes receive the information I requested within 48 hours
- ☐ I rarely receive the information I requested within 48 hours
- ☐ I do not know whom to call for additional information

4. What happens when you recommend or order treatment(s), services or changes in the care plan for Partnership members?

- ☐ The member almost always receives the care and services I recommend
- ☐ The member usually receives the care and services I recommend

- ☐ The member sometimes receives the care and services I recommend
  - ☐ The member rarely receives the care and services I recommend
  - ☐ I need to make 2 or more calls and justify services that I recommend
5. All things considered, if your parent or child were eligible for Medicaid (Medicaid eligibility is a requirement for enrollment in the Partnership Program) and needed long term care services would you:
- ☐ Definitely encourage enrollment in the Partnership Program
  - ☐ Maybe encourage enrollment in the Partnership Program
  - ☐ Definitely discourage enrollment in the Partnership Program
  - ☐ No opinion—there's little difference between care given through the Partnership Program and other Medicaid funded programs

Provider Type \_\_\_\_\_

*Comments about this survey or about the Partnership Program?*

Thank you for completing this survey. Please return this survey in the enclosed envelope.

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